MAXIMUS Federal Services

Case Number:	CM15-0182967		
Date Assigned:	09/23/2015	Date of Injury:	04/25/2009
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on 04-25-2009. The injured worker is currently temporarily partially disabled. Medical records indicated that the injured worker is undergoing treatment for cervicalgia, cervical radiculitis, post-laminectomy syndrome to cervical and lumbar region, lumbar disc disease, and lumbar radiculitis. Treatment and diagnostics to date has included epidural and facet injections, Botox, physical therapy, chiropractic treatment, and medications. Current medications include Flexeril, Soma (since at least 02-17-2015), and Menthoderm gel. In a progress note dated 07-30-2015, the injured worker reported continued low back and neck pain. The treating physician stated that a lumbar MRI showed "extensive post-surgical change with fusion L2-S1" and" increased degenerative change present at the L1-L2 level with moderate to marked central canal narrowing and moderate neuroforaminal narrowing". Objective findings included positive tenderness to the paravertebral cervical muscle and tenderness to the lumbar spine. The request for authorization dated 08-13- 2015 requested bilateral sacroiliac joint injection and Soma 350mg #90. The Utilization Review with a decision date of 08-18-2015 denied the request for outpatient bilateral sacroiliac joint injections and Soma 350mg number ninety (#90).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral sacroiliac joint (SI) injection: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SI joint injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that SI joint injections are only indicated if there has been 6-8 weeks of aggressive conservative therapy specifically for the SI joint as well as clear evidence on the physical exam as SI joint pathology causing the pain. The provided medical records do not meet these criteria and therefore the request is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.